



Department of Medical Assistance Services  
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[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Home and Community Based Providers providing services under AIDS Waiver, Consumer-Directed Personal Assistance Services Waiver, Elderly & Disabled Waiver, Mental Retardation Waiver, Technology Assisted Waiver and Individual & Family Developmental Disabilities Support Waiver

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO** Special

**DATE** 7/1/2004

**SUBJECT:** Claims Edits and Extensions for Prior-Authorization of Home and Community Based Waiver Services and Off-Line Billing for MR Waiver Claims

The purpose of this memorandum is to notify Medicaid Home and Community Based waiver providers that the Department of Medical Assistance Services (DMAS) will implement the claims edits for all waiver services in the Virginia Medicaid Management of Information System (VAMMIS) effective August 1, 2004.

Effective August 1, 2004, when a claim is submitted, the VAMMIS will review the associated edits. In addition, the system will review the Prior Authorization information on the claim to ensure that:

- the service limits are not exceeded;
- the dates of service billed are within the authorized date range;
- the procedure code(s) are correct for the service(s) authorized; and
- the provider identification number and recipient identification numbers match those in the prior authorization file.

## **Prior Authorizations Extensions For Home and Community Based Waiver Providers**

Prior Authorizations will not automatically be extended for the following services: Therapeutic Consultation (97139), Skilled Nursing (T1002 or T1003), Environmental Modifications (S5165 or 99199-U4) Assistive Technology (T1999 or T1999-U5), Crisis Intervention/Stabilization (H2011), Crisis Supervision (H0040), Personal Emergency Response Systems (S5161), and

Personal Emergency Response Systems + Med monitoring (S5185). A new prior authorization request is required to extend the prior authorization date beyond December 31, 2003. For individuals in the Mental Retardation (MR) Waiver or the Individual and Families Developmental Disabilities Support Waiver, this extension is through the end of the 2005 Consumer Service Plan. New prior authorization requests for any Home and Community Based waiver services that have already been approved by (i) DMAS; (ii) the Department of Mental Health, Mental Retardation and Substance Abuse Services; or (iii) WVMI for 2004 services **must** be submitted and approved by your respective prior authorization consultant prior to submitting claims for these services.

### **Billing Clarification**

Providers must bill for specific dates of service, rather than a range of dates of service. This will prevent overlapping dates of service from different providers seeking reimbursement for the same service for the same person, which result in a duplicate billing error message. In order for providers to receive payment for the same services that are provided on the same day for the same recipient, the following individual consideration process must be followed:

*Submit the claim to First Health Services Corporation (FHSC) at the same address as all other claims and include the word "ATTACHMENT" in Block 10D of the CMS-1500. The attachment should read: "Not a duplicate claim; services are authorized." The attachment must also include the preauthorization number for the authorized service. In Block 24D, the provider must put the number "22" to inform FHSC that this claim is to be reviewed as an Individual Consideration (IC). These claims will be processed as long as the claim is completed correctly and has the correct information on the attachments.*

### **Off-Line Billing for MR Waiver Claims**

Currently certain MR waiver services cannot be billed on-line. Therefore, Individual Services Authorization Requests must be submitted with the manual off-line claims in order to receive payment. Please refer to Chapter V of the Mental Retardation Community Services Manual for other billing information. The following MR waiver services **cannot** be billed on-line:

Local	National	Modifier	Description
Y0065	H2000		Initial Comprehensive Visit
Y0066	S5109		Employee Management Training
Y0067	99509		Routine Home Visit
Y0068	T1028		Reassessment Visit
Z9568	S5116		Management Training
Z9570	99199	U1	Criminal Record Check
Y0061	99199		CPS Registry Check
PREVOC	H2025		Pre-vocational Services, Regular Intensity
PREVOC	H2025	U1	Pre-vocational Services, High Intensity
Y0070	S5135		Companion Services

DMAS is working on resolving this issue, so that in the near future, all claims can be submitted through the VAMMIS.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on “Medicaid Memos to Providers” to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **“HELPLINE”**

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The “HELPLINE” numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the “HELPLINE” is for provider use only.